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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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06160												06166													
1. DECEASED-NAME (Type or print) Medford Oren Hardesty												2a. DATE OF DEATH Month April Day 18 Year 1968												2b. HOUR 12:06	
3. SEX Male				4. RACE White				5. DATE OF BIRTH June 7, 1904				6. AGE (In years lost birthday) 63 YRS.				IF UNDER 1 YEAR MONTHS DAYS 		IF UNDER 24 HRS. HOURS MIN. 							
7a. BIRTHPLACE (State or foreign country) U.S.A.				7b. CITIZEN OF WHAT COUNTRY? U.S.A.				8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>				9. COUNTY OF DEATH Queen Anne's County Md.													
10. CITY OR TOWN OF DEATH R.F.D. Queen Anne				11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 				12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 				12b. KIND OF BUSINESS OR INDUSTRY 													
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland				13b. COUNTY Queen Anne				13c. CITY OR TOWN Queen A.				13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER 											
14. FATHER'S NAME First Spedden Middle O. Last Hardesty				15. MOTHER'S MAIDEN NAME First Elizabeth Middle Montague Last 																					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown no (If yes give war or dates of service) 				16b. SOCIAL SECURITY NO. 179-03-9726				17. INFORMANT Address Mrs. Alice Hardesty Queen Anne, Md.																	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic malignant seminoma of mediastinum & retroperitoneal space Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) (c) Malignant seminoma of left testis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 months													
19a. DATE OF OPERATION Sept 1965				19b. CONDITION FOR WHICH OPERATION WAS PERFORMED Seminoma				20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 													
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner) 				21b. TIME OF INJURY HOUR A.M. Month Day Year 19 P.M. 				21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 																	
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work 				21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) 				21f. LOCATION Street or R.F.D. No. City or Town County State 																	
22a. I certify that (I) (this hospital) attended the deceased from Nov 20 , 19 65 , to April , 19 68 , that (I) (we) last saw the deceased alive on 18 April , 19 68 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.												22b. SIGNATURE Dr. Kurt Lederer		DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED April 18, 68									
22d. PHYSICIAN'S NAME (Type) Dr. Kurt Lederer				22e. ADDRESS Queen Anne, Md.																					
23a. BURIAL, CREMATION, REMOVAL (Specify) 				23b. DATE Apr 21 - 68				23c. NAME OF CEMETERY OR CREMATORY Stevensville				23d. LOCATION (City or Town) (County) (State) Stevensville Queen Anne Md													
24. FUNERAL DIRECTOR Edgar L Lane Church Hill Md				ADDRESS 				25a. REC'D BY REGISTRAR APR 23 1968				25b. REGISTRAR'S SIGNATURE Charles Judge													

Statistical and other information
from the Bureau of the Census
Department of Commerce
Washington, D. C.

Report of the Bureau

Annual Report of the Bureau
for the year ending June 30, 1914

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
MEDICAL EXAMINER'S CERTIFICATE OF DEATH									
1. DECEASED NAME (Type or Print)			First		Middle		Last		
Carrie			Johnson						
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.		2a. DATE KNOWN OF ESTI- DEATH MATED	2b. HOUR
Female	Negro	August 25,	72 YRS.					4/ 27/ 1968	M
7a. BIRTHPLACE (State or foreign country)			7b. CITIZEN OF WHAT COUNTRY?		B. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH		2d. HOUR
Maryland			USA				Queen Anne		M
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY	
Pondtown			Home Green Valley Boarding			Retired		None	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE			13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER
Maryland			Queen Anne		Grasonville				Rural
14. FATHER'S NAME			First		Middle		Last		
Carroll			Heath		Mary Ann Williams				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16b. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS				
No			215 16 3995		Mrs. Parker Downs, Grasonville, Md.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Cardiac</u> <u>4129</u> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Vascular disease</u> DUE TO, OR AS A CONSEQUENCE OF (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>Many years</u>									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) <u>4221</u>									
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)				
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No. City or Town County State				
22a. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>									
ACTUAL SIGNATURE <u>C Rodney Layton</u>			EXAMINER'S NAME (Type) <u>C Rodney B. Layton, M.D.</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>		22b. DATE SIGNED <u>4-30-68</u> ADDRESS (Street, city, town, or county) <u>Centreville, Q.A. Md.</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City or Town) (County) (State)		
Burial			5/2/68		Bryans		Grasonville Queen Md.		
24. FUNERAL DIRECTOR			25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE				
Barbara L. Dashiell			426 Dover St. Easton, Maryland 21601		MAY 2 1968		<u>Charles Judge</u>		

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM-3. Page 5 may be retained for your files.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or Print) Albert First Rothstein Middle — Last										2a. DATE KNOWN OF DEATH MATED <input checked="" type="checkbox"/> Month April Day 6 Year 1968		2b. HOUR 5:30 PM			
3. SEX Male		4. RACE White		5. DATE OF BIRTH Oct. 19, 1915		6. AGE (in years last birthday) 52 YRS.		IF UNDER 1 YEAR MONTHS — DAYS —		IF UNDER 24 HRS. HOURS — MIN. —		2c. DATE PRONOUNCED DEAD Month April Day 6 Year 1968		2d. HOUR 6:15 PM	
7a. BIRTHPLACE (State or foreign country) Pennsylvania				7b. CITIZEN OF WHAT COUNTRY? U.S.A.				8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>				9. COUNTY OF DEATH QUEEN ANNE'S Md.			
10. CITY OR TOWN OF DEATH Rural-Centreville				11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) N.S. 213				12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Sales Manager				12b. KIND OF BUSINESS OR INDUSTRY Clothing			
13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) STATE Pennsylvania				13b. COUNTY DELAWARE				13c. CITY OR TOWN DREXEL HILL		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER 448 KENWOOD DRIVE			
14. FATHER'S NAME First Joseph Middle — Last Rothstein				15. MOTHER'S MAIDEN NAME First Mollie Middle — Last —											
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES				16b. SOCIAL SECURITY NO. 184-01-6376				17. INFORMANT WIFE ADDRESS Mrs. Gertrude Rothstein, Drexel Hill, Pa.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4109 Coronary Occlusion DUE TO, OR AS A CONSEQUENCE OF (b) Far Advanced Arteriosclerosis DUE TO, OR AS A CONSEQUENCE OF (c) 4201												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 15 min			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Old Myocardial Infarct															
19a. DATE OF OPERATION				19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH				21b. TIME OF INJURY Month, Day, Year 19 HOUR A.M. — P.M. —				21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)							
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)				21f. LOCATION Street or R.F.D. No. — City or Town — County — State —							
22a. I certify that I took charge of the remains described above, held on Autopsy <input checked="" type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>															
ACTUAL SIGNATURE C. R. Layton				M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>				22b. DATE SIGNED April 7, 1968							
EXAMINER'S NAME (Type) C. R. Layton				DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>				ADDRESS (Street, city, town, or county) Centreville, Pa.							
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL				23b. DATE April 10, 1968		23c. NAME OF CEMETERY OR CREMATORY Mt. Sharon Cemetery				23d. LOCATION (City or Town) (County) (State) Springfield Delaware, Pa.					
24. FUNERAL DIRECTOR James H. Banta, Jr. - Banta Bros. - Centreville, Md. 21617				25. REC'D BY REGISTRAR APR 9 - 1968				25b. REGISTRAR'S SIGNATURE Charles Judge							

08180

RECEIVED THE SECRETARY OF THE ARMY
WASHINGTON, D.C. 20315

08180

FOR THE
RECORD

1. The following information was received from the
2. [illegible]
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94. [illegible]
95. [illegible]
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99. [illegible]
100. [illegible]



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MEDICAL CERTIFICATION

MARYLAND STATE DEPARTMENT OF HEALTH									
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
CERTIFICATE OF DEATH									
1. DECEASED-NAME (Type or print)			First Middle Last			2a. DATE OF DEATH Month Day Year			2b. HOUR A.M. P.M.
INEZ			RUSSELL			April 27 1968			7:45 A.M.
3. SEX	4. RACE		5. DATE OF BIRTH			6. AGE (In years last birthday)		IF UNDER 1 YEAR MONTHS DAYS	
F.	W.		June 4 1891			78 YRS.		IF UNDER 24 HRS. HOURS MIN.	
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH			
Md.		U.S.A.				Queen Anne Co. Md.			
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)			12b. KIND OF BUSINESS OR INDUSTRY
Church Hill			Colonial Arms Nursing Home			School Teacher			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE			13b. COUNTY		13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER	
Md.			Kent		Chestertown	YES		105 S. Water St.	
14. FATHER'S NAME First Middle Last			15. MOTHER'S MAIDEN NAME First Middle Last						
Laurence Bates Russell			Iola Kendall						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, (unknown) (If yes give war or dates of service)			16b. SOCIAL SECURITY NO.		17. INFORMANT				
No			220-44-0569		Miss Eliz. R. Thibodeau Balto. Md. 21210				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic cardiovascular disease, hypertension</i> 4120 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. <i>443x</i> (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____ APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>10 years</i>									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) <i>Rheumatoid arthritis, asthma</i>									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Nat while <input type="checkbox"/> at work at work		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County State	
22a. I certify that (I) (this hospital) attended the deceased from <i>January 9, 1948</i> , to <i>4-27</i> , 1968, that (I) (we) lost the deceased on <i>4-25</i> , 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
22b. SIGNATURE <i>A.C. Dick M.D.</i>					DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED <i>4-27-68</i>		
22d. PHYSICIAN'S NAME (Type) A.C. Dick, M.D.					22e. ADDRESS Chestertown, Maryland.				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City or Town) (County) (State)			
Burial		Apr. 29/68		Chester Cem.		Chestertown, Kent Md.			
24. FUNERAL DIRECTOR Marvin V. Williams Chestertown, Md.					25a. REC'D BY REGISTRAR DATE		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>		
					MAY 2 1968				

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1940-1941

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1940-1941

1940-1941

FOR STATE HEALTH DEPT.

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06164

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06170

1. DECEASED-NAME (Type or Print) WILLIAM First WARNER Middle Last			2a. DATE KNOWN OF DEATH <input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Year 1968 2b. HOUR 11:30 AM	
3. SEX MALE	4. RACE NEGRO	5. DATE OF BIRTH 2-12-1960	6. AGE (In years last birthday) 68 YRS.	7c. DATE PRONOUNCED DEAD 4 Month 23 Day 1968 Year 1968 2d. HOUR 3:30 PM
7a. BIRTHPLACE (State or foreign country) MARYLAND		7b. CITIZEN OF WHAT COUNTRY? USA	B. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH QUEEN ANNE Md.
10. CITY OR TOWN OF DEATH QUEENSTOWN		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) NONE		12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired.) Farm Laborer
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MD		13b. COUNTY Q.A.	13c. CITY OR TOWN QUEENSTOWN	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 13e. STREET AND NUMBER NONE
14. FATHER'S NAME ALEXANDER First WARNER Middle Last		15. MOTHER'S MAIDEN NAME BELLE First ? Middle Last		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16b. SOCIAL SECURITY NO. 215-18-4261-A	17. INFORMANT LILLIAN WARNER ADDRESS CENTREVILLE MD	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Head of Prostate 1570 DUE TO, OR AS A CONSEQUENCE OF (b) with multiple Adrenal Metastasis DUE TO, OR AS A CONSEQUENCE OF (c) 8 mo				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 157X				
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year 19 HOUR A.M. P.M.	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No. City or Town County State	
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>				
ACTUAL SIGNATURE C.R. Layton EXAMINER'S NAME (Type) C.R. Layton MD		CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> ADDRESS (Street, city, town, or county) Centreville Md		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-26-68	23c. NAME OF CEMETERY OR CREMATORY Henry Burial Ground	23d. LOCATION (City or Town) (County) (State) Ridgely Md.	
24. FUNERAL DIRECTOR John E Bouleais		25a. REC'D BY REGISTRAR Charles Judge 25b. REGISTRAR'S SIGNATURE Charles Judge		

02130

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

06165

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1. DECEASED-NAME (Type or print) Alice			First Middle Last Warren			2a. DATE OF DEATH Month 4 Day 1 Year 68			2b. HOUR M		
3. SEX Female			4. RACE Negro			5. DATE OF BIRTH July 7, 1906			6. AGE (In years lost birthday) 61 YRS.		
7a. BIRTHPLACE (State or foreign country) Maryland			7b. CITIZEN OF WHAT COUNTRY? USA			8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH Queen Anne Md.		
10. CITY OR TOWN OF DEATH Corsica Neck			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Rt#3, Box 225 Centreville			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Domestic			12b. KIND OF BUSINESS OR INDUSTRY None		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland			13b. COUNTY Queen Anne			13c. CITY OR TOWN Corsica			13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
14. FATHER'S NAME First Middle Last George W. Morris, Sr.			15. MOTHER'S MAIDEN NAME First Middle Last Sarah Wilson								
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No			16b. SOCIAL SECURITY NO. 180 16 4352			17. INFORMANT Address Reba Bailey Rt#3, Box 225 Centreville					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia 4120 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Malignant Essential Hypertension DUE TO, OR AS A CONSEQUENCE OF (c) Arteriosclerotic Heart Disease									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 months 2 years 3 years		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 4200											
19a. DATE OF OPERATION 4/4/68			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)			21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>			21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No. City or Town County State					
22a. I certify that (I) (this hospital) attended the deceased from Feb 7 , 19 68 , to April 1 , 19 68 , that (I) (we) last saw the deceased alive on Apr 1 , 19 68 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.											
22b. SIGNATURE John R. Smith, Jr.			DEGREE John R. Smith, Jr.			ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>			22c. DATE SIGNED Apr 4, 1968		
22d. PHYSICIAN'S NAME (Type) John R. Smith, Jr.			22e. ADDRESS Centreville, Maryland								
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 4/4/68			23c. NAME OF CEMETERY OR CREMATORY Corsica Neck			23d. LOCATION (City or Town) (County) (State) Near Centreville Md.		
24. FUNERAL DIRECTOR BARBARA L. DASHIEH, 426 DOVER ST. EASDN			ADDRESS MD.			25a. RECORD BY REGISTRAR APR 8 - 1968			25b. REGISTRAR'S SIGNATURE Judge		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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OFFICE OF THE SECRETARY OF THE ARMY

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